FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(9)

J. KELLER & ASSOCIATES, INC

Principal Place of Business

Mailing Address

FILED May 12 1998 8:00am Secretary of State



6401 PEMBROKE RD. 6401 PEMBROKE RD. HOLLYWOOD FL 33023-2137 HOLLYWOOD FL 33023-2137 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/16/1984 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2386461 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. ☐ No 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent KELLER, JOSEPH 1210 N.W. 92ND AVE. 82 Street Address (P.O. Box Number is Not Acceptable) PEMBROKE PINES FL 33024 83 84 City Zip Code FI 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Addition DELETE 1.1 TITLE Change TITLE KELLER, JOSEPH NAME 1.2 NAME 1210 N.W. 92ND AVE. STREET ADDRESS 1.3 STREET ADDRESS PEMBROKE PINES FL 33024 CITY-ST-ZIF 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CHY-ST-7/P ☐ DELETE 3.1 TITLE Change Addition NAME ME STREET ADDRESS REET ADDRESS Y-ST-ZIP CITY-ST-ZIP DELETE ☐ Addition TITLE NAME STREET ADDRESS HEET ADDRESS CITY-ST-ZIP ITY-ST-ZIP Addition DELETE TITLE 5.1 TITLE NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - \$1 - ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address?